

DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

RECOMBINANT RSV VIRUS EXPRESSION SYSTEMS AND VACCINES

and for which a patent application:

is attached hereto and includes amendment(s) filed on (if applicable)
 was filed in the United States on November 28, 2000 as Application No. 09/724,416 (for declaration not accompanying application)
 with amendment(s) filed on (if applicable)
 was filed as PCT international Application No. on and was amended under PCT Article 19 on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

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			YES <input type="checkbox"/> NO <input type="checkbox"/>
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I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE
60/060,153	September 26, 1997
60/084,133	May 1, 1998
60/089,207	June 12, 1998

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09/368,076	August 3, 1999		<input checked="" type="checkbox"/>	
09/161,122	September 25, 1998		<input checked="" type="checkbox"/>	

* for use only when the application is assigned to a company, partnership or other organization.

08/316,439		September 30, 1994		<input checked="" type="checkbox"/>		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>						
2 0 1	FULL NAME OF INVENTOR	LAST NAME JIN	FIRST NAME Hong	MIDDLE NAME		
	RESIDENCE & CITIZENSHIP	CITY Cupertino	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP People's Republic of China		
	POST OFFICE ADDRESS	STREET 22385 Santa Paula Avenue	CITY Cupertino	STATE OR COUNTRY California	ZIP CODE 95014	
		SIGNATURE OF INVENTOR 201				DATE June 25, 2003
2 0 2	FULL NAME OF INVENTOR	LAST NAME TANG	FIRST NAME Roderick	MIDDLE NAME		
	RESIDENCE & CITIZENSHIP	CITY San Carlos	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP Malaysia		
	POST OFFICE ADDRESS	STREET 730 Chestnut Street	CITY San Carlos	STATE OR COUNTRY California	ZIP CODE 94070	
		SIGNATURE OF INVENTOR 202				DATE 11 July 2003
2 0 3	FULL NAME OF INVENTOR	LAST NAME LI	FIRST NAME Shengqiang	MIDDLE NAME		
	RESIDENCE & CITIZENSHIP	CITY Los Altos	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP People's Republic of China		
	POST OFFICE ADDRESS	STREET 718 Terrace Court	CITY Los Altos	STATE OR COUNTRY California	ZIP CODE 94024	
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2 0 4	FULL NAME OF INVENTOR	LAST NAME BRYANT	FIRST NAME Martin	MIDDLE NAME		
	RESIDENCE & CITIZENSHIP	CITY Carlisle	STATE OR FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP United States of America		
	POST OFFICE ADDRESS	STREET 65 Hickory Lane	CITY Carlisle	STATE OR COUNTRY Massachusetts	ZIP CODE 01741	
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2 0 5	FULL NAME OF INVENTOR	LAST NAME CLARKE	FIRST NAME David	MIDDLE NAME Kirkwood		
	RESIDENCE & CITIZENSHIP	CITY Chester	STATE OR FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States of America		
	POST OFFICE ADDRESS	STREET 3205 Whispering Hills	CITY Chester	STATE OR COUNTRY New York	ZIP CODE 10918	
		SIGNATURE OF INVENTOR 205				DATE

2 0 6	FULL NAME OF INVENTOR	LAST NAME PALESE	FIRST NAME Peter	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Leonia	STATE OR FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP United States of America	
	POST OFFICE ADDRESS	STREET 414 Highwood Avenue	CITY Leonia	STATE OR COUNTRY New Jersey	ZIP CODE 07065
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SIGNATURE OF INVENTOR 204				DATE <i>Administrator for the estate of Martin L. Bryant</i> 7/23/03	
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